

Privacy Policy #14 Physical Security Checklist for PHI

Division:

Bureau:

Section/Program:

Security of PHI held in Electronic Medium (discs, tapes, computers)

Date of review:

Location:

Reviewer(s):

Provide target date for compliance for any question answered ANO@

Employee Name	Lock Workstation when not in own work area	Polarized Screen Cover	Secure storage of PHI CDs/tapes

Security of PHI held on Paper (includes FAX printouts)

Interagency mail and FAX of PHI:

Provide target date for compliance for any question answered ANO@

Employee Name	Paper PHI source/description	Routed in identifiable envelopes? FAX protected?

Management of paper PHI in employee's work area:

Provide target date for compliance for any question answered NO@

Employee Name	PHI in covered folders when not in immediate use?	PHI in locked cabinet during lunch hours and overnight?	PHI shredded when no longer required for processing?

Security of PHI in oral and telephone communications:

Employees with access to PHI have read, and indicated understanding by signing and dating a document (see Attachment A) specifying compliance with the requirements of DPHHS HIPAA Privacy Policy #014.

Employee Name	Date Signed Document

HIPAA Physical Security Checklist Attachment A

I document with my signature below that I understand, and will comply with, the following standards for my protection, use and disclosure of Protected Health Information (PHI).

1. I am responsible for my own use and disclosure of PHI.
2. I will lock my workstation to prevent unauthorized access to PHI visible on my computer when I am not physically present in my work area.
3. I will not share my password or computer access.
4. I will protect my computer screen from view from common walkways.
5. I will not access PHI from remote locations using common internet access.
6. I will use only encrypted network lines when transmitting e-mails containing PHI.
7. I understand that e-mails containing PHI are not available as public information.
8. I will use designated routing envelopes when sending PHI by interagency mail.
9. I will expose on my desk only that PHI that I am currently using and will cover all other forms of PHI in a file folder when not in use.
10. I will put PHI in a locked filing cabinet during lunch breaks and at the end of my work day.
11. I will shred on a daily basis any PHI no longer required for my work.
12. When I fax PHI, I will contact the receivers to notify them that a fax is coming and request confirmation that the fax has been received.
13. I will conduct face-to-face and telephone conversations regarding PHI: only when required and in a low tone of voice to prevent others overhearing; will limit the conversation to the minimum information necessary to accomplish the purpose of the communication; and will use identifying information as little as possible.
14. I understand that it is my responsibility to verify the identity of any caller and the legitimacy of their request for PHI before releasing information.

Date signed

Date signed

Date signed

Date signed

Date signed